

# **Kentucky Youth Tobacco Survey 2000**

## **Cabinet for Health Services Department for Public Health Division of Adult and Child Health Chronic Disease Prevention and Control Branch Tobacco Use Prevention and Cessation Program**

This report was produced through a contract between

The Kentucky Cabinet for Health Services  
and  
The University of Kentucky  
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## A Word from the Commissioner

The *Kentucky Youth Tobacco Survey 2000* report is the first of its kind in Kentucky. The Cabinet for Health Services, the Department for Public Health, and the University of Kentucky, College of Nursing, used a combination of state and federal funds to make this “community diagnosis” on tobacco use in children. The results are quite an eye opener.

Many Kentuckians think that children begin using tobacco products in high school. *The children report that many of them start using tobacco by the time they are in the 6<sup>th</sup> grade and are well-established tobacco users by the 8th grade!* There is increasing scientific evidence that young children who smoke just 100 cigarettes in their lifetime are more likely to develop an addiction to tobacco products. Indeed, nearly one-third of our middle school students who smoke report that they *need* a cigarette every day. They smoke cigars and use smokeless tobacco less frequently than cigarettes but the use patterns are very similar...they are using tobacco products *before they reach high school*.

We expose 66% of our middle school children and 75% of our high school children who do not smoke to the dangers of secondhand smoke. The children who do not smoke report that they are exposed to secondhand smoke at home and in automobiles. The exposure contributes to poor health both during childhood and later in life, but the implied approval of tobacco use by adults in the child's life is equally important.

Smoking among pregnant women is also a concern in this state, and there is ample evidence that most mothers who smoke during pregnancy began smoking as young girls. There is scientific evidence that pregnant women who smoke are more likely to have low birth weight babies and babies with diminished capacity for central nervous system development. There is scientific evidence that low birth weight is associated with an increased frequency of birth defects, mental retardation, and health care costs. Just as with second-hand smoke, the actions of adults have serious negative consequences for the children around them.

This community diagnosis presents a serious challenge for Kentucky. What is the treatment? One approach is the numerous substance abuse prevention and tobacco cessation programs being carried out by numerous public and private agencies across the state. However, the most effective treatment, also supported in the scientific literature, is that the smoking and health issue improves most significantly when parents and other adults decide that it is time to get serious about youth smoking.

Kentuckians have repeatedly spoken out against youth smoking and have taken the position that smoking is an adult decision. While this department certainly supports that position as reasonable, we must acknowledge that our collective actions speak louder than words. Surrounded by adults using tobacco products, our children begin to smoke *before* they enter puberty. Children find it easy to purchase tobacco products and *have established brand preferences before they leave middle school*. In the early days of the 2000 Kentucky General Assembly, Governor Patton, the President of the Senate, and the Speaker of the House all agreed, “it is time to get serious about youth smoking in Kentucky.” This report demonstrates just how important it is for Kentucky's responsible parents and adults to join in a statewide effort to get serious about this significant public health challenge.

Rice Cowan Leach, M.D.  
Commissioner  
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